

Native Village of Eyak
 110 Nicholoff Way
 P.O. Box 1388
 Cordova, Alaska 99574-1388
 P (907) 424-7738 * F (907) 424-7739
www.eyak-nsn.gov



Tribal Enrollment Application

The Tribal Enrollment Application must be submitted with the required documentation on the attached checklist. Proof of residency is also required to qualify for Active and Honorary Membership. (to be eligible for services).

APPLICANT INFORMATION

Full Name			
Other Name			
State ID or DL #		Date of Birth:	
Email Address			
Physical Address		City, State, Zip	
Mailing Address		City, State, Zip	
Start Date of Residency		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell phone	

HONORARY ONLY: Date of Marriage to Tribal Member:

Ancestor Through Whom Enrollment Rights are Claimed

Name:	Relationship:		
Degree of Indian Blood Claimed			
Tribe/Degree	Other/Degree	*Total Degree of Indian Blood	
Is applicant a direct lineal descendant of a member of NVE?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or either parent enrolled as a member of another Tribe?			
If yes, who and what Tribe?			
Do you serve on the Board/Council or receive services from another Tribe?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Information			
Are you a US Veteran?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Branch Served?		Years Served?	

 Signature of Applicant

 Date

 Signature of Guardian or Sponsor

 Date

 Print of Guardian or Sponsor

 Date

INTERNAL USE ONLY

Date Received:		Next Enrollment Committee Mtg		Next Council Mtg
Applicant Status	Enrolled Active Tribal Member <input type="checkbox"/>		Enrolled Inactive Tribal <input type="checkbox"/>	
	Honorary Tribal Member <input type="checkbox"/>			